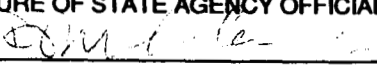
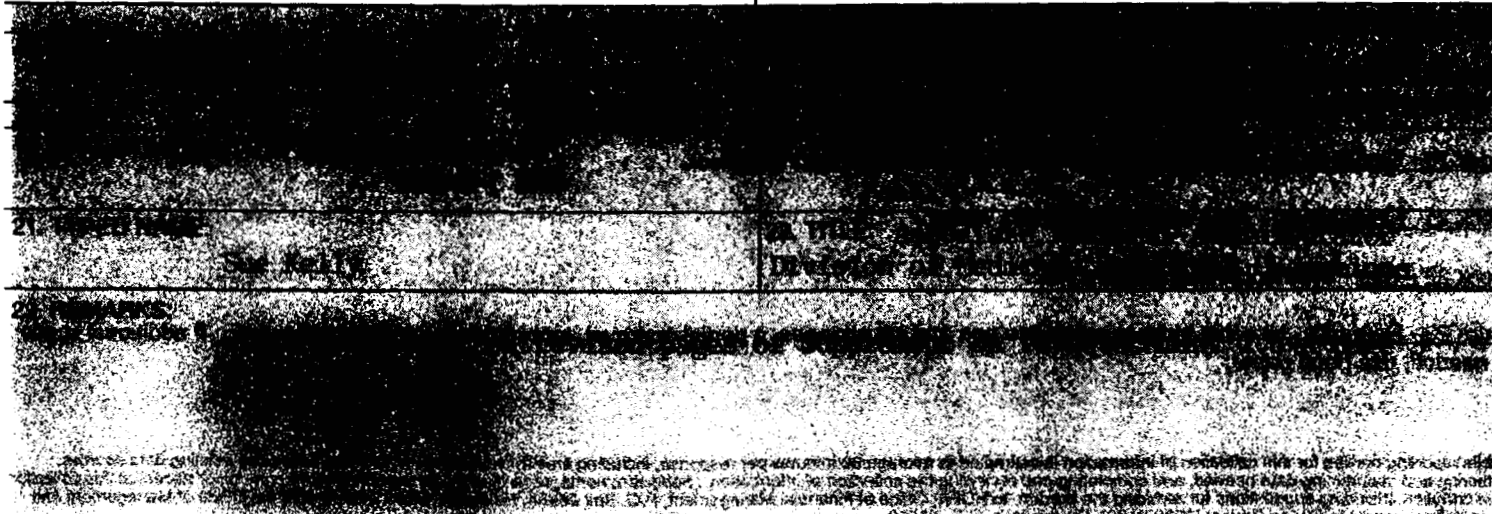


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 0 0 4 2	2. STATE: New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE November 1, 2000	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(10)(A)(i)(iv)		7. FEDERAL BUDGET IMPACT: a. FFY 2000-2001 \$ 305,000 b. FFY 2001-2002 \$ 1,530,1	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 8A to Attachment 2.6-A page 3 ** SEE REMARKS		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 8A to Attachment 2.6A page 3	
10. SUBJECT OF AMENDMENT: More liberal Methods of Treating Income			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health Corning Tower Empire State Plaza Albany, NY 12237	
13. TYPED NAME: Antonia C. Niswello M.D., M.P.H. Dr.P.H.			
14. TITLE: Commissioner			
15. DATE SUBMITTED: December 28, 2000			
			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New York State Department of Health

**MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902 (r) (2) OF THE ACT**

☐ Section 1902 (f) State ☒ Non-Section 1902(f)State

1. Deemed income of parents of pregnant women described in 1902(a)(10)(A)(i)(IV) and 1902 (l)(2) of the Act is disregarded when determining eligibility for pregnant women.
2. In determining eligibility for pregnant women and infants under age 1, as referenced under Section 1902(a)(10)(i)(IV) and 1902 (a)(1)(A)(ii)(x) and 1902 (l)(2), disregard the difference between 185% and 200% of the Federal Poverty Level by family size as revised annually in the Federal Register.

TN No. 00-42

Supersedes 91-79B

TN No. _____

Approval Date MAR 07 2001 Effective Date NOV 01 2000

HCFA ID: 7985E